No. 300
10-48

FILED APR 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13954

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3572

0

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis, Missouri.
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital..

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri.
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 5 5936 Plymouth Avenue. 2057
d. STREET ADDRESS (If rural, give location): St. Louis, Missouri.

3. NAME OF DECEASED (Type or Print)
a. (First): CYRA
b. (Middle): KING
c. (Last): DAVIS.

4. DATE OF DEATH (Month) (Day) (Year): April 14, 1951.

5. SEX: Male. 0
6. COLOR OR RACE: White.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed.. ✓
8. DATE OF BIRTH: Oct 22, 1858. ✓
9. AGE (In years last birthday): 92. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired.. Lawyer and
10b. KIND OF BUSINESS OR INDUSTRY: Teacher..
11. BIRTHPLACE (State or foreign country): Lincoln County, Missouri. 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John Davis.
13b. MOTHER'S MAIDEN NAME: Marjorie Delaney..
14. NAME OF HUSBAND OR WIFE: Mary Jennings Davis.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no. (If yes, give war or dates of service): no.
16. SOCIAL SECURITY NO.: none..
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Marjorie M. Davis, 5936 Plymouth Ave..

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Generalized arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 5 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cardiac failure — 1 mon
DUE TO (c): Benign prostatic hyperplasia — 5 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 610X

22. *I hereby certify that I attended the deceased from* 1946, 19__, *to* date, 19__, *that I last saw the deceased alive on* 4-13-, 1951, *and that death occurred at* 9 A.M. *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title): MD
23b. ADDRESS: 3720 Wash Ave
23c. DATE SIGNED: 4-16-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial.. 11
24b. DATE: 4/17/51/.
24c. NAME OF CEMETERY OR CREMATORY: Bellefontaine Cemetery.
24d. LOCATION (City, town, or county) (State): St. Louis, Missouri.

DATE REC'D BY LOCAL REG.: APR 16 1951
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: C.R.Lupton & Sons, 7233 Delmar Blv'd..

(Licensed Embalmer's Statement on Reverse Side)

3720 Washington Blv'd.,
FR: 3515.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by .....

....., Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.